



AFFIDAVIT OF OUT-OF-STATE TEACHING SERVICE
1964-65 to 1986-87

To be executed by County Supervisor, Superintendent of Schools or other School Official in the county in which service was rendered.

Name of Member _____ SSN _____

I hereby certify that the following service is taken from the official school records:

<u>Year</u>	<u>District</u>	<u>County</u>	<u>State</u>	<u>Position Held</u>	<u>Days Worked</u>
1964-65	_____	_____	_____	_____	_____
1965-66	_____	_____	_____	_____	_____
1966-67	_____	_____	_____	_____	_____
1967-68	_____	_____	_____	_____	_____
1968-69	_____	_____	_____	_____	_____
1969-70	_____	_____	_____	_____	_____
1970-71	_____	_____	_____	_____	_____
1971-72	_____	_____	_____	_____	_____
1972-73	_____	_____	_____	_____	_____
1973-74	_____	_____	_____	_____	_____
1974-75	_____	_____	_____	_____	_____
1975-76	_____	_____	_____	_____	_____
1976-77	_____	_____	_____	_____	_____
1977-78	_____	_____	_____	_____	_____
1978-79	_____	_____	_____	_____	_____
1979-80	_____	_____	_____	_____	_____
1980-81	_____	_____	_____	_____	_____
1981-82	_____	_____	_____	_____	_____
1982-83	_____	_____	_____	_____	_____
1983-84	_____	_____	_____	_____	_____
1984-85	_____	_____	_____	_____	_____
1985-86	_____	_____	_____	_____	_____
1986-87	_____	_____	_____	_____	_____

Certified by me this _____ day of _____, _____.

Signature _____ Title _____

Address _____

MEMBER PLEASE NOTE: When the completed G-3a form is received, ATRS will request certification from the state retirement system where the service was rendered. You must have received a refund and not be eligible for benefits based on the service. When the certification is received by ATRS, a statement of your cost will be prepared and mailed to you.